

2SSB 6038 - S AMD 236

By Senator Zarelli

1 On page 3, line 20, after "income" strike "at the time of
2 enrollment"

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4 On page 3, line 23, after "services;" strike "and"

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6 On page 3, line 26, after "plan;" insert the following:

7 "(vii) who is a United States citizen or legally admitted for
8 permanent residence; and

9 (viii) whose family liquid assets do not exceed an amount
10 established by the administrator in rule;"

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12 On page 3, line 28, after "(vi)" insert "through (viii)"

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14 On page 3, line 36, after "(vi)" insert "through (viii)"

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17 On page 4, after line 37, insert the following:

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20 "NEW SECTION. Sec. 3. A new section is added to chapter 70.47 RCW
21 to read as follows:

22 The administrator shall establish a waiting period subsidized
23 enrollee applicants are required to have without private insurance
24 before enrolling in the program under this chapter. The waiting
25 period shall be at least four months and waived only when:

26 (1) The prospective enrollee has a medical condition that, without
27 treatment, would be life-threatening or cause serious disability; or

1 (2) The loss of employer sponsored dependent coverage is due to
2 either loss of employment, the death of the employee, or the employer
3 discontinues the option of dependent coverage."
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5 On page 9, after line 8, insert the following:

6 "(7) Subject to subsection (5) of this section, enroll any
7 eligible person for whom a completed application is submitted. In
8 determining eligibility, the administrator shall require submission of
9 income tax returns, or verification that income tax returns were not
10 filed, and recent income history for any applicant, the applicant's
11 spouse, and his or her dependents."
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13 On page 12, after line 18, insert the following:

14 "(20)(a) Disenroll any enrollee:
15 (i) Whose premium payments to the plan are delinquent;
16 (ii) Who, as reported by health care providers and confirmed by
17 the administrator, repeatedly fails to pay the required copayments or
18 coinsurance in full on a timely basis;
19 (iii) Who does not meet the eligibility standards established in
20 RCW 70.47.020(6); or
21 (iv) As necessary to meet the requirements of subsection (5) of
22 this section;
23 (b) To verify continued eligibility, check employment security
24 payroll records at least once every twelve months on all enrollees;
25 require any enrollee whose family income as indicated by payroll
26 records exceeds that upon which his or her enrollment and subsidy
27 level is based to document his or her current family income as a
28 condition of continued eligibility; and require any enrollee for whom
29 employment security payroll records cannot be obtained to document his
30 or her current family income at least once every six months;
31 (c) Provide an enrollee subject to disenrollment with advance
32 written notice. Upon disenrollment, the administrator shall promptly
33 notify the managed health care system in which the enrollee has been
34 enrolled, and shall not be responsible for payment of health care

1 services provided to the enrollee, including if applicable members of
2 the enrollee's family, after the date of notification."

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4 Renumber the sections consecutively and correct any internal
5 references accordingly.

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10 On page 1, line 2 of the title, after "50.20.210;" insert "adding
11 a new section to chapter 70.47 RCW;"

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EFFECT: Amends eligibility for the Basic Health Plan.

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- Requires enrollees to be a citizen or legally admitted to the United States;
 - Requires an asset test, in addition to income requirements;
 - Requires enrollees be uninsured for at least four months prior to enrolling, unless the enrollee has a serious medical condition or has lost employer sponsored coverage due to loss of employment or the employer discontinued coverage;

23 Requires Health Care Authority to check employment security
24 payroll records at least once every twelve months on every
25 enrollee to verify continued eligibility.

26 Authorizes disenrollment of enrollees who do not make premium
payments or repeatedly fail to pay copayments on a timely basis.

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